



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc.

NAIC Group Code00936, 00936NAIC Company Code15104Employer's ID Number46-0906893

(Current Period)(Prior Period)

Organized under the Laws ofMichigan, State of Domicile or Port of EntryMichigan

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health [ ]Property/Casualty [ ]Hospital, Medical & Dental Service or Indemnity [ ]

Dental Service Corporation [ ]Vision Service Corporation [ ]Health Maintenance Organization [ X ]

Other [ ]Is HMO, Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized08/15/2012Commenced Business04/17/2013

Statutory Home Office100 Galleria Officentre, Suite 210ASouthfield, MI, US 48034

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office200 Stevens Drive

(Street and Number)

Philadelphia, PA, US 19113215-937-8000

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address100 Galleria Officentre, Suite 210ASouthfield, MI, US 48034

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records200 Stevens Drive

(Street and Number)

Philadelphia, PA, US 19113215-937-8000

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site Addresswww.amerihealthcaritasvipcareplus.com

Statutory Statement ContactRobert Michael Gregor215-937-5312

(Name)(Area Code) (Telephone Number) (Extension)

rgregor@amerihealthcaritas.com215-937-5049

(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
Steven Harvey Bohner	Treasurer	Robert Edward Tootle, Esquire	Secretary
Sarah Matt Owens	President		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Steven Harvey Bohner	Eileen Mary Coggins	James Michael Jernigan	
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State of Pennsylvania  
County of Philadelphia

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Steven Harvey Bohner Treasurer	Robert Edward Tootle, Esquire Secretary	Sarah Matt Owens President
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Subscribed and sworn to before me this day of February, 2018

a. Is this an original filing? Yes [ X ] No [ ]

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.**

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.**

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	677,329	624,123		982,252	677,329	985,705
2. Claim overpayment receivables .....	395,455	2,340,773		332,301	395,455	317,656
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....			1,216,302		1,216,302	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	1,072,784	2,964,896	1,216,302	1,314,553	2,289,086	1,303,361

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

21

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.**

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

**ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.**

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0		.0		
2. Intermediaries .....	.0	.0		.0		
3. All other providers .....	361,610	.5	3,286	100.0		361,610
4. Total capitation payments .....	361,610	.5	3,286	100.0	0	361,610
Other Payments:						
5. Fee-for-service .....	.0	.0	XXX	XXX		
6. Contractual fee payments .....	66,072,151	99.5	XXX	XXX		66,072,151
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0	XXX	XXX		
11. All other payments .....	.0	.0	XXX	XXX		
12. Total other payments .....	66,072,151	99.5	XXX	XXX	0	66,072,151
13. Total (Line 4 plus Line 12)	66,433,761	100 %	XXX	XXX	0	66,433,761

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		</			



EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1	2	3	4	5	6
	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	NONE					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment .....						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		AmeriHealth Michigan, Inc.					2. _____				
NAIC Group Code		00936	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2017			(LOCATION)		
									NAIC Company Code		
									15104		
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year .....		3,399							3,399		
2. First Quarter .....		3,250							3,250		
3. Second Quarter .....		3,312							3,312		
4. Third Quarter .....		3,334							3,334		
5. Current Year		3,286							3,286		
6. Current Year Member Months		39,540							39,540		
Total Member Ambulatory Encounters for Year:											
7. Physician .....		67,953							67,953		
8. Non-Physician .....		8,765							8,765		
9. Total		76,718	0	0	0	0	0	0	76,718	0	0
10. Hospital Patient Days Incurred		7,878							7,878		
11. Number of Inpatient Admissions		1,369							1,369		
12. Health Premiums Written (b).....		73,390,445							73,390,445		
13. Life Premiums Direct.....		0									
14. Property/Casualty Premiums Written.....		0									
15. Health Premiums Earned.....		73,390,445							73,390,445		
16. Property/Casualty Premiums Earned.....		0									
17. Amount Paid for Provision of Health Care Services .....		66,433,761							66,433,761		
18. Amount Incurred for Provision of Health Care Services		62,898,640							62,898,640		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....73,390,445



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      AmeriHealth Michigan, Inc.      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2017			NAIC Company Code		15104
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	3,399	0	0	0	0	0	0	3,399	0	0
2. First Quarter .....	3,250	0	0	0	0	0	0	3,250	0	0
3. Second Quarter .....	3,312	0	0	0	0	0	0	3,312	0	0
4. Third Quarter .....	3,334	0	0	0	0	0	0	3,334	0	0
5. Current Year	3,286	0	0	0	0	0	0	3,286	0	0
6. Current Year Member Months	39,540	0	0	0	0	0	0	39,540	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	67,953	0	0	0	0	0	0	67,953	0	0
8. Non-Physician .....	8,765	0	0	0	0	0	0	8,765	0	0
9. Total	76,718	0	0	0	0	0	0	76,718	0	0
10. Hospital Patient Days Incurred	7,878	0	0	0	0	0	0	7,878	0	0
11. Number of Inpatient Admissions	1,369	0	0	0	0	0	0	1,369	0	0
12. Health Premiums Written (b).....	73,390,445	0	0	0	0	0	0	73,390,445	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	73,390,445	0	0	0	0	0	0	73,390,445	0	0
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	66,433,761	0	0	0	0	0	0	66,433,761	0	0
18. Amount Incurred for Provision of Health Care Services	62,898,640	0	0	0	0	0	0	62,898,640	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....73,390,445

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

## 33

## 33

33

33

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	197	200	117	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	97	55	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	18,418,895		18,418,895
2. Accident and health premiums due and unpaid (Line 15).....	6,667,967		6,667,967
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	460,969		460,969
6. Total assets (Line 28)	25,547,831	0	25,547,831
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	10,974,301	0	10,974,301
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	1,710,003		1,710,003
15. Total liabilities (Line 24).....	12,684,304	0	12,684,304
16. Total capital and surplus (Line 33).....	12,863,527	XXX	12,863,527
17. Total liabilities, capital and surplus (Line 34)	25,547,831	0	25,547,831
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	0		



SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL .....						.0
2. Alaska .....	AK .....						.0
3. Arizona .....	AZ .....						.0
4. Arkansas .....	AR .....						.0
5. California .....	CA .....						.0
6. Colorado .....	CO .....						.0
7. Connecticut .....	CT .....						.0
8. Delaware .....	DE .....						.0
9. District of Columbia .....	DC .....						.0
10. Florida .....	FL .....						.0
11. Georgia .....	GA .....						.0
12. Hawaii .....	HI .....						.0
13. Idaho .....	ID .....						.0
14. Illinois .....	IL .....						.0
15. Indiana .....	IN .....						.0
16. Iowa .....	IA .....						.0
17. Kansas .....	KS .....						.0
18. Kentucky .....	KY .....						.0
19. Louisiana .....	LA .....						.0
20. Maine .....	ME .....						.0
21. Maryland .....	MD .....						.0
22. Massachusetts .....	MA .....						.0
23. Michigan .....	MI .....						.0
24. Minnesota .....	MN .....						.0
25. Mississippi .....	MS .....						.0
26. Missouri .....	MO .....						.0
27. Montana .....	MT .....						.0
28. Nebraska .....	NE .....						.0
29. Nevada .....	NV .....						.0
30. New Hampshire .....	NH .....						.0
31. New Jersey .....	NJ .....						.0
32. New Mexico .....	NM .....						.0
33. New York .....	NY .....						.0
34. North Carolina .....	NC .....						.0
35. North Dakota .....	ND .....						.0
36. Ohio .....	OH .....						.0
37. Oklahoma .....	OK .....						.0
38. Oregon .....	OR .....						.0
39. Pennsylvania .....	PA .....						.0
40. Rhode Island .....	RI .....						.0
41. South Carolina .....	SC .....						.0
42. South Dakota .....	SD .....						.0
43. Tennessee .....	TN .....						.0
44. Texas .....	TX .....						.0
45. Utah .....	UT .....						.0
46. Vermont .....	VT .....						.0
47. Virginia .....	VA .....						.0
48. Washington .....	WA .....						.0
49. West Virginia .....	WV .....						.0
50. Wisconsin .....	WI .....						.0
51. Wyoming .....	WY .....						.0
52. American Samoa .....	AS .....						.0
53. Guam .....	GU .....						.0
54. Puerto Rico .....	PR .....						.0
55. US Virgin Islands .....	VI .....						.0
56. Northern Mariana Islands .....	MP .....						.0
57. Canada .....	CAN .....						.0
58. Aggregate Other Alien .....	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	47-1233198				Independence Health Group, Inc.	PA	UIP				Independence Health Group, Inc.	N	
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	81.0	Independence Health Group, Inc. / DaVita HealthCare Partners, Inc.	N	
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	98-0438502				InsPro Technologies Corp.	DE	NIA	Independence Blue Cross, LLC	Ownership	25.2	Independence Health Group, Inc.	N	
00000		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc. / Mercy Health Plan	N	
00000		00000	66-0195325				PRHP, Inc.	PR	NIA	Independence Holdings, Inc. (93.7%) / QCC Insurance Company (6.3%)	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	81-0681081				Veridigm Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	N	
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	N	
00000		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	
00000		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	N	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	AmeriHealth Administrators, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	82-3774494				KHPE SubCo, Inc.	PA	NIA	Keystone Health Plan East, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	N	
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Ownership	50.0	Independence Health Group, Inc. / Highmark Health	N	
00000		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	AmeriHealth New Jersey Holdings, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	
00000		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	
00936	Independence Health Group, Inc.	60061	22-3338404				AmeriHealth Insurance Company of New Jersey	NJ	IA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	
00000		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Independence Health Group, Inc. / Cooper Medical Services, Inc.	N	
00000		00000	82-3756593				AHI SubCo 1, Inc.	PA	DIP	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00000	Independence Health Group, Inc.	00000	82-3770369				AHI SubCo 2, Inc.	PA	UIP	AHI SubCo 1, Inc.	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	45-3672640				IBC MH LLC	DE	UIP	AHI SubCo 2, Inc. (95%) / KHPE SubCo, Inc. (5%)	Ownership	100.0	Independence Health Group, Inc.	N	
00936		96660	23-2408039				Vista Health Plan, Inc.	PA	IA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00000		00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UIP	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00936		14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00936	Independence Health Group, Inc.	15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	RE	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
00936.....	Independence Health Group, Inc.....	15088.....	46-1480213.....				AmeriHealth Caritas District of Columbia, Inc.....	DC.....	IA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	N.....	
00000.....		00000.....	27-0863878.....				PerformRx, LLC.....	PA.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	N.....	
00000.....		00000.....	61-1729412.....				PerformSpecialty, LLC.....	PA.....	NIA.....	PerformRx, LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	N.....	
00000.....		00000.....	26-1809217.....				PerformRx IPA of New York, LLC.....	NY.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	N.....	
00000.....		00000.....	26-1144363.....				AMHP Holdings Corp.....	PA.....	UDP.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	N.....	
00000.....		00000.....	25-1765391.....				Community Behavioral Healthcare Network of Pennsylvania, Inc.....	PA.....	NIA.....	AMHP Holdings Corp.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	N.....	
00936.....	Independence Health Group, Inc.....	13630.....	26-0885397.....				CBHNP Services, Inc.....	PA.....	IA.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	N.....	
00000.....		00000.....	20-4948091.....				AmeriHealth Caritas Indiana, LLC.....	IN.....	NIA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.....	N.....	
00936.....	Independence Health Group, Inc.....	14261.....	45-3790685.....				AmeriHealth Nebraska, Inc.....	NE.....	IA.....	AmeriHealth Caritas Health Plan.....	Ownership.....	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Nebraska.....	N.....	

## 41.4

## 41.4

## 41.4

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	Charity.....
2	* - COA issued December 28, 2017; pursuing Medicaid Certification.....

## 42

## 42

## 42

42



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |   | Responses     |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                   | .....YES..... |
| 2. Will an actuarial opinion be filed by March 1?   | .....YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                           | .....YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? | .....YES..... |

APRIL FILING

- |  |               |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | .....YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | .....YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | .....YES..... |

JUNE FILING

- |  |               |
|--|---------------|
| 8. Will an audited financial report be filed by June 1?  | .....YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | .....YES..... |

AUGUST FILING

- |   |               |
|---|---------------|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | .....YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |  |              |
|--|--------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | .....NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | .....NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | .....NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | .....NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | .....NO..... |
| 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | .....NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | .....NO..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?  | .....NO..... |

APRIL FILING

- |  |              |
|--|--------------|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | .....NO..... |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | .....NO..... |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                              | .....NO..... |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | .....NO..... |

AUGUST FILING

- |  |              |
|--|--------------|
| 24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | .....NO..... |
|--|--------------|

Explanation:

11.
12.
13.
14.
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16.
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18.
19.
20.
21.










SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

24.

Bar code:

11.	 1 5 1 0 4 2 0 1 7 3 6 0 5 9 0 0 0
12.	 1 5 1 0 4 2 0 1 7 2 0 5 0 0 0 0 0
13.	 1 5 1 0 4 2 0 1 7 4 2 0 0 0 0 0 0
14.	 1 5 1 0 4 2 0 1 7 3 7 1 0 0 0 0 0
15.	 1 5 1 0 4 2 0 1 7 3 7 0 0 0 0 0 0
16.	 1 5 1 0 4 2 0 1 7 3 6 5 0 0 0 0 0
17.	 1 5 1 0 4 2 0 1 7 2 2 4 0 0 0 0 0
18.	 1 5 1 0 4 2 0 1 7 2 2 5 0 0 0 0 0
19.	 1 5 1 0 4 2 0 1 7 2 2 6 0 0 0 0 0
20.	 1 5 1 0 4 2 0 1 7 3 0 6 0 0 0 0 0
21.	 1 5 1 0 4 2 0 1 7 2 1 1 5 9 0 0 0
22.	 1 5 1 0 4 2 0 1 7 2 1 6 5 9 0 0 0
23.	 1 5 1 0 4 2 0 1 7 2 1 7 0 0 0 0 0
24.	 1 5 1 0 4 2 0 1 7 2 2 3 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.  
\*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Purchased Services.....	107,734		22,453		130,187
2597. Summary of remaining write-ins for Line 25 from Page 14	107,734	0	22,453	0	130,187

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK

Analysis of Operations by Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 3A – Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24
Exhibit 8 – Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-Ins	44
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10

# ALPHABETICAL INDEX

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## ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Part 2 - Verification Between Years	SI15
Schedule S – Part 1 – Section 2	31
Schedule S – Part 2	32
Schedule S – Part 3 – Section 2	33
Schedule S – Part 4	34
Schedule S – Part 5	35
Schedule S – Part 6	36
Schedule S – Part 7	37
Schedule T – Part 2 – Interstate Compact	39
Schedule T – Premiums and Other Considerations	38
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y– Part 1A – Detail of Insurance Holding Company System	41
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14

